

Ketan D. Vora, DO, P.C

(877) SPINE-DR

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Date:

Re:

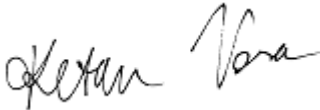
D.O.A:

To whom it may concern:

Please be advised that the above referenced patient is currently under my professional care for injuries caused by a work related accident sustained on _____. Patient is scheduled for an office visit on _____. Please excuse the patient from work/school.

For any further information please contact us at the above mentioned number.

Thank you in advance,



Ketan D. Vora, D.O.

Diplomat of the American Board of Physical Medicine and Rehabilitation

Diplomat of the American Board of Pain Management

Sports Medicine Board Eligible

Interventional Spine

NYS WCB License # 243182-3w, coded OPCPMR